10/529880

| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective December 8, 2004  |  |   |  |                                   |  |                  |                     | ORD                                     | Application or Docket Number |    |                     |                        |
|--|--|---|--|-----------------------------------|--|------------------|---------------------|---|------------------------------|----|---------------------|------------------------|
|  | :  | CLAIMS                                    | AS FILED -   |                                   | (Column 2)                             |                  |                     | SMALL EN                                |                              | OR | OTHER               |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |                                   |  |                  |                     | RATE                                    | FEE                          |    | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                                   | LARGE ENT. = \$ 300                    |                  |                     | BASIC FEE                               |                              | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                    |                                   | All other situations = \$100 / \$ 200  |                  |                     | EXAM. FEE                               |                              | ]  | EXAM FEE            | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$200 / \$ 400 |                                   | All other situations = \$ 250 / \$ 500 |                  |                     | SEARCH FEE                              |                              |    | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | 82, mln  | us 100 =                          | / 50 =                                 |                  |                     | X \$ 125 =                              |                              |    | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | miles mi   | nus 20 =                          | · 22                                   |                  |                     | X \$ 25 =                               |                              | OR | X \$ 50 =           | 3/10                   |
| INDEPENDENT CLAIMS   |  |   | 7.   | inus 3 =                          | · 6                                    |                  |                     | X \$ 100 =                              |                              | OR | X \$ 200 =          | 1200                   |
| MU   | LTIPLE DEPEN                                   | DENT CLAIMAR                              | ESENT  |                                   |  |                  |                     | +\$ 180 =                               |                              | OR | + \$ 360 =          | 340                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |                                   |  |                  |                     | TOTAL                                   |                              | OR | TOTAL               | 5540                   |
| CLAIMS AS AMENDED - PART II 4-1-05 (Column 1) (Column 2) (Column 3)  |  |   |  |                                   |  |                  | _                   | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |    |                     |                        |
| AMENDMENT A  | -  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·  | HIGH<br>NUM<br>PREVIO<br>PAID     | BER                                    | PRESENT<br>EXTRA |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 8a                                      | Minus  | <b>-8</b>                         | 7                                      | . ——             |                     | X \$ 25 =                               |                              | OR | X \$ 50 =           |                        |
|  | independent                                    | . 9                                       | Minus  | ••• 0                             |  | s ——             |                     | X \$ 100 =                              |                              | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  |                     | + \$ 180 =                              |                              | OR | + \$ 360 =          | ٠                      |
|  |  |   |  |                                   |  |                  |                     | TOTAL ADDIT.<br>FEE                     | •                            | OR | TOTAL ADOIT.<br>FEE |                        |
| 1  | -17-0  | 5(Calumn 1)                               |  | (Colum                            | n 2)                                   | (Column 3)       |                     |   |                              |    | •                   |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | IER<br>USLY                            | PRESENT<br>EXTRA |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | ·4-3                                      | Minus  | <b>"</b> 86                       | <u>ک</u> _                             | · ——             |                     | X \$ 25 =                               |                              | OR | X \$ 50 =           |                        |
|  | Independent                                    | · 5                                       | Minus  | ••• 0                             | 1                                      | . —              | ſ                   | X \$ 100 =                              |                              | OR | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  |                     | +\$ 180 =                               |                              | OR | .+\$360=            |                        |
|  | •  | ,   | ٦  | FEE                               |  | OR               | TOTAL ADOIT.<br>FEE |   |                              |    |                     |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20", enter "20".</li> <li>If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3", enter "3".</li> <li>The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |  |   |  |                                   |  |                  |                     |   |                              |    |                     |                        |

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FORM PTO-875 (Rev. 02/2005)